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March 16, 2005

Edward J. Chiodo, Esquire
McKenna & Chiodo
436 Boulevard of the Allies
Suite 500
Pittsburgh, PA 15219-1314

RE: RAJESH PADMARAJU
SS#: 364-23-4305

Dear Mr. Chiodo:

I was asked to perform a review of medical records regarding Rajesh Padmaraju. The following medical records were made available for my review:

1. Police accident report, dated 10/5/01
2. Emergency department records from Hamot Hospital, dated 10/6/01
3. Diagnostic reports:
 - a. Chest, cervical spine, pelvis, left femur, and left tibia and fibula x-rays, dated 10/6/01
 - b. CT of the abdomen and pelvis, CT of the brain, and a CT of the cervical spine, dated 10/6/01
4. Trip sheet from Millcreek Paramedic, dated 10/5/01
5. Admission records from Hamot Hospital, dated 10/6/01
6. Recorded phone conversation with Susan Nolan, dated 3/13/02
7. Coroner's report

In addition, three deposition transcripts, one from Kevin Dunbar, a second from Amanda DiBacco, and a third from Lisa Smith were also made available for my review.

The opinions which I will set forth in the following narrative will be done within a reasonable degree of medical certainty.

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HISTORY: According to the medical records, Rajesh Padmaraju was a 27-year-old male involved in a motor vehicle accident on October 6, 2001. On that date, the police report notes that Mr. Padmaraju was struck by a motor vehicle. The reports reflect that the emergency medical services were called and the Millcreek Paramedic Service arrived on the scene. Mr. Padmaraju was found to have a Glasgow Coma scale of 3. The body of the paramedic report noted that Mr. Padmaraju had an obvious unstable pelvic fracture as well as an open tibia and fibula fracture of his left leg. It also noted a right femoral deformity. The patient was transported to the emergency room at Hamot Medical Center.

The emergency room records from Hamot Medical Center reflect that Mr. Padmaraju arrived by ambulance and was unresponsive. They noted that he had been unresponsive since the time of the paramedics arrival on the scene. He was noted to have blood at the urethral meatus, an unstable fracture of his pelvis and was found to be moving his upper and lower extremities spontaneously. Mr. Padmaraju was found to be losing a significant amount of blood and this was felt to be secondary to internal hemorrhaging. He underwent an emergent trauma workup which consisted of a chest x-ray, cervical spine x-ray, pelvis x-rays, left tibia and fibula x-rays, left femur x-rays, and CT scans of his abdomen, pelvis and brain. Mr. Padmaraju was found to have extensive pelvis injuries with multiple pelvic fractures. He was also found to have an extensive fracture of the left hip at the intertrochanteric and subtrochanteric region, and a fracture of the left distal tibia and fibula. According to the records, Mr. Padmaraju remained unresponsive. However, because of massive retroperitoneal bleeding, he was taken to the operating room on October 6, 2001 where an exploratory laparotomy, thoracotomy and open cardiac massage was performed; however, Mr. Padmaraju expired on the operating table after approximately twenty minutes of open cardiac massage. The patient was subsequently pronounced dead.

Mr. Padmaraju's body then underwent an autopsy. The autopsy was performed on October 7, 2001. The anatomic diagnoses were blunt force trauma to the head causing a subdural subarachnoid, and interventricular hemorrhage, multifocal cerebral contusions, multiple lacerations, abrasions and contusions with focal soft tissue pocket hemorrhaging to the trunk, a comminuted left clavicle fracture, a comminuted left 9th rib fracture, multiple splenic lacerations, multiple hepatic lacerations, a right retroperitoneal hematoma, extensive soft tissue hemorrhaging about the urinary bladder, a comminuted pelvic fracture, multifocal pericolonic soft tissue and serosal hemorrhaging, bilateral hemothorax and hemoperitoneum, bilateral pulmonary contusions and bilateral diaphragmatic contusions. The extremity autopsy report found abrasions, contusions and lacerations which were multiple, as well as an open displaced fracture of the left tibia and fibula. In the body of the autopsy report performed by Dr. Eric Vey, it was noted that Mr. Padmaraju had extensive cerebral hemorrhaging as well as intraventricular bleeding and a large subdural and subarachnoid hemorrhage.

The deposition transcript of Mr. Kevin Dunbar was reviewed. On pages 9 and 10, Mr. Dunbar was unable to recall whether or not Mr. Padmaraju was responsive. To the best of his recollection he thought Mr. Padmaraju was "in and out" of consciousness.

Ms. Amanda DiBacco, one of the paramedics, noted that Mr. Padmaraju had a Glasgow Coma scale of 3. He had no response to painful stimuli. He had no response to verbal communications and he did not have a Babinski reflex. She did not recall that Mr. Padmaraju ever had

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consciousness. She noted that his pupils were equal but unreactive to light, but that he had some spontaneous extremity movements. She recalled on pages 36 and 37 of her deposition that Mr. Padmaraju never was in a state of consciousness. She noted on line 11 of page 37 that Mr. Padmaraju made no statements or any types of noises which would be referenced to pain or suffering.

In addition, Lisa Smith's deposition also was reviewed. Ms. Smith noted on page 53 of her deposition that she did not recall Mr. Padmaraju ever being in a state of consciousness. She did not observe Mr. Padmaraju exhibiting any outward signs or other signs of conscious pain or suffering.

DISCUSSION: It is my opinion within a reasonable degree of medical certainty that Rajesh Padmaraju did not suffer any conscious pain or suffering from the time of the motor vehicle accident until he was pronounced dead. I hold that opinion for the following medical facts: Mr. Padmaraju was found to be unconscious and unresponsive at the scene. His Glasgow Coma scale was 3. He was unresponsive to pain. His pupils were equal but unreactive. He had spontaneous extremity movement. He voiced no complaints to the paramedics with respect to pain. He remained unconscious and unresponsive upon arrival in the emergency room at Hamot Medical Center. He had massive internal hemorrhaging as well as cerebral hemorrhaging and orthopedic fractures. He was losing a tremendous volume of blood and was emergently taken to the operating room for an attempt to save his life; however, his life was unable to be saved secondary to blood loss. The autopsy report documented massive cerebral damage including a subarachnoid, subdural and intraventricular bleeding. He also had multiple internal organ damage and extremity fractures.

It is my opinion within a reasonable degree of medical certainty that the above medical facts support my opinion that Mr. Padmaraju did not suffer any conscious pain or suffering from the time he was struck by a motor vehicle until he was pronounced deceased. There are no medical records to substantiate that Mr. Padmaraju ever gained consciousness or was able to verbalize any complaints. He was noted to have spontaneous movements of his extremities, which is a reflex finding in patients with massive head trauma. Mr. Padmaraju was found to have extensive brain trauma and for all intents and purposes had no conscious movement of his extremities.

Thank you for allowing me to participate in this Record Review and I hope that this letter helps you to maintain your records on Rajesh Padmaraju.

Sincerely,



Jeffrey N. Kann, MD

JNK/als/bmp